



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
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November 18, 2011

Ms. Lynnette Smith, Administrator
Residential Care At The Manor
577 Washington Highway
Morrisville, VT 05661

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 20, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CARE AT THE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 577 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced survey to assess compliance with Vermont Residential Care Home Licensing Regulations was conducted by the Division of Licensing and Protection from 9/19- 9/20/11. The following regulatory violations were identified.	R100		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to assure that an assessment was completed to monitor the potential side effects of	R171	R171 The AIMS test for resident #1 was completed on 9/20/11. Follow up assessments will be scheduled to occur in the computerized medical record going forward. Residential Care Director will perform audit in the computer quarterly to ensure compliance. <i>Completed by 9-20-11</i> <i>R171 P.O.C. accepted 11/3/11</i> <i>Karen Campos RN</i>	

Division of Licensing and Protection



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

MNER11

TITLE

Administrator

(X6) DATE

10-21-11

If continuation sheet 1 of 4

PRINTED: 10/06/2011
FORM APPROVED

Division of Licensing and Protection

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R171	Continued From page 1 an antipsychotic medication for 1 of 3 residents sampled. (Resident #1) Findings include: Per record review on 9/20/11, Resident #1 had an order for the antipsychotic medication Seroquel 37.5 mg PO (by mouth) at bedtime. The resident was admitted in February of 2011, and there was no evidence of any side effect monitoring assessment completed upon admission or since that time. Per interview on 9/20/11 at 2:15 PM, the Nurse Manager confirmed that a side effect assessment had not been completed for this resident.	R171			
R180 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on review of staff education computer documentation, the facility failed to document required training hours for 1 direct care staff. Findings include: Per review of computer printouts of staff education hours, the 12 hours per year of required training was not documented in the employee's record for one employee sampled. Per review of the education hours of the Personal Care Attendant employed since October 2008, the hours recorded are as follows: 10/8/08- 11/8/09 there are 3.0 education hours	R180	R180 POC accepted Karen Campos-RW R180 Staff member in question was given a letter explaining the expectations for training and asking her to meet with the Staff Education Coordinator to ensure completion of hours for this year. Current Staff Education Coordinator is now using the computer to track training hours and staff are removed from the schedule if the requirements are not met until they are completed. Residential Care Director will review hours on each staff member quarterly and send out reminders to staff. Completed by 10.20.11	11/3/11	

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R180	Continued From page 2 documented. From 11/5/09- 12/9/09 there 1.5 hrs listed, and no more recorded hours until 2/2/10. For the year of 2010 a total of 4.5 hrs was recorded. In 2011 there are only two entries that total 1 hour. Per interview on 9/20/11 at 3:15 PM, the Staff Education Coordinator confirmed that the yearly total education hours and required content were not met for this employee.	R180		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that food was stored at proper temperatures. Findings include: Per observation on 9/19/11 at 9:45 AM, the refrigerator in the snack kitchenette held a thermometer that read 45 degrees Fahrenheit. At 10:45, an hour later, the thermometer read 48 degrees F. Also on 9/19/11, at 2:20 PM, the thermometer was read at 44 degrees F. Per interview with the staff at this time, they stated that the upstairs kitchen staff bring down snacks, juices, and stock the refrigerator, and also are responsible for monitoring the temperatures daily. Per interview on 9/19/11 at 3:50 PM, the Food Service Supervisor confirmed that the thermometer was reading 46 degrees F. and replaced the thermometer with a brand new one.	R247	R 247 POC accepted Karen Campos RN R247 Thermometer was changed in the refrigerator 9/20/11. It was discovered by the Hospitality Service Director that the large pitchers used for juice were being kept in the door, and were preventing the refrigerator door from closing properly. Stock in refrigerator was reduced to allow the door to close easily for the residents who use it. The refrigerator temperature log sheet was updated to include parameters for proper temperature range and who to notify if temperatures are out of range. The Hospitality Services Director will review the log sheets monthly for compliance. Completed by 9.20.11	11/3/11

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R247	Continued From page 3 At this time it was also confirmed that the staff were trained to recognize proper temperatures for the refrigerator, and they had not alerted anyone about the out of range temperatures recorded on the log for the month of September.	R247	<i>This page left blank.</i>		